

SENDER: COMPLETE THIS SECTION**COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Joachim Wottrich
309 South Oak Park Avenue
Apartment 2W
Oak Park, IL 60302

2. Article Number (Copy from service label) 7000 1670 0004 1399 5169

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

- X Agent
 Addressee

D. Is delivery address different from item 1?
If YES, enter delivery address below: Yes No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

102595-00-M-0952

PS Form 3811, July 1999

Domestic Return Receipt